NAVY MEDICINE
World Class Care…Anytime, Anywhere

Navy Medicine -- EMDEC

Two Hour
How Washington Works ®

7 February 2014

QUALITY COMES STANDARD WBB

Administrative Notes

EMDEC How Washington Works, 7 February 2014

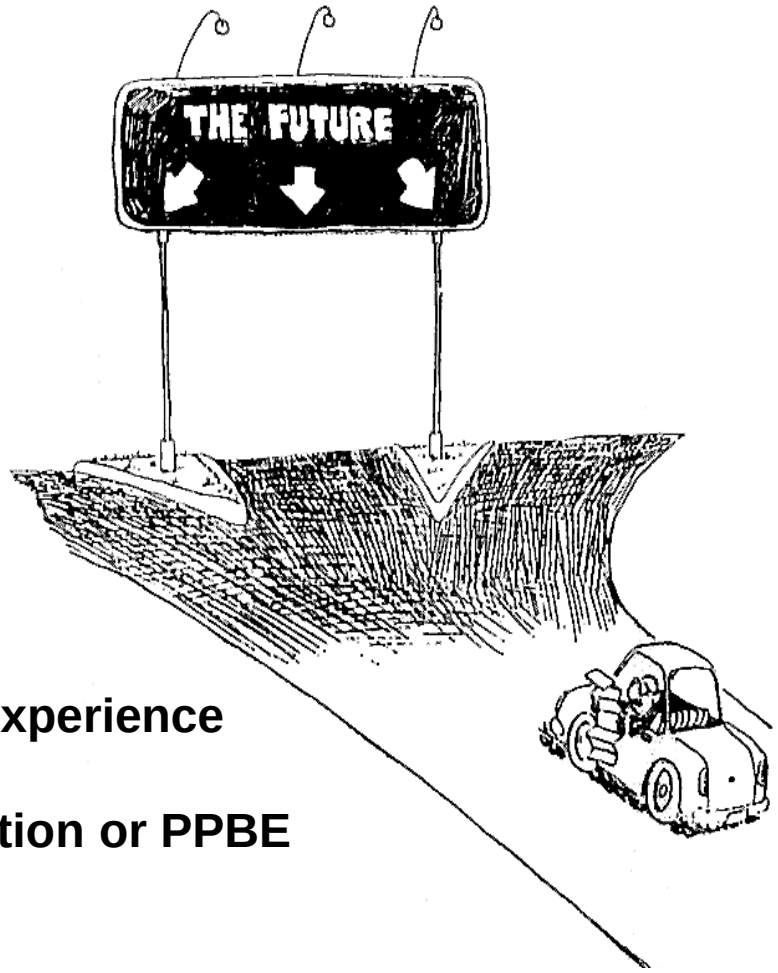
WBB Course Coordinator:	Paul Severs	(703) 448-6081, ext. 366
BUMED Point of Contact:	John Zarkowsky	(703) 681-8893

Instructors:

JCIDS:	***Ron Richardson***
Acquisition:	***Ron Richardson***
PPBE:	***Paul Severs***
Congress:	***Paul Severs***

- Open forum environment. Questions and dialogue are encouraged.
- We will take a break between presentations.
- Please fill out critique and turn it in at the end of the class.

Course Assumptions



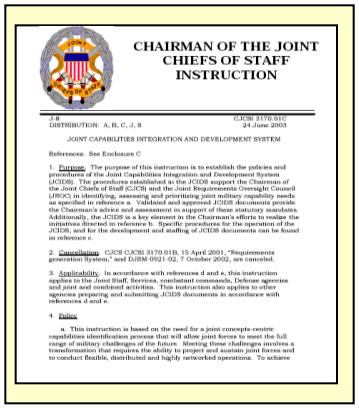
- No previous/recent Washington experience
- Little to no formal JCIDS, Acquisition or PPBE training

Course Objectives

- ☑ **Provide an overview of the operating environment**
- ☑ **Provide lessons on how to operate successfully within the environment**
- ☑ **Familiarize individual with basic concepts, procedures, and terminology associated with capabilities development; planning, programming, budget & execution system; and acquisition management**
- ☑ **Describe relationships among organizations**
- ☑ **Provide insight on when and how to influence people and organizations**

GOAL: Help you understand the process, players and how to influence the system

DOD Capability Requirements (JCIDS) Acquisition & PPBE Processes



CHAIRMAN OF THE JOINT CHIEFS OF STAFF INSTRUCTION

J-8 CJCSI 3170.01C
DISTRIBUTION: A, B, C, J, S 24 June 2003

JOINT CAPABILITIES INTEGRATION AND DEVELOPMENT SYSTEM

References: See Enclosure C

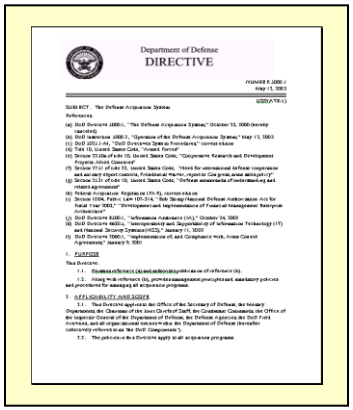
1. Purpose. The purpose of this instruction is to establish the policies and procedures of the Joint Capabilities Integration and Development System (JCIDS). The procedures established in the JCIDS support the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Requirements Oversight Council (JROC) in identifying, assessing and prioritizing joint military capability needs as specified in reference a. Validated and approved JCIDS documents provide the Chairman's advice and assessment in support of these statutory mandates. Additionally, the JCIDS is a key element in the Chairman's efforts to realize the initiatives directed in reference b. Specific procedures for the operation of the JCIDS, and for the development and staffing of JCIDS documents can be found in reference c.

2. Cancellation. CJCS CJCSI 3170.01B, 15 April 2001, "Requirements generation System," and DJ8M-0921-02, 7 October 2002, are canceled.

3. Applicability. In accordance with references d and e, this instruction applies to the Joint Staff, Services, combatant commands, Defense agencies and joint and combined activities. This instruction also applies to other agencies preparing and submitting JCIDS documents in accordance with references d and e.

4. Policy.

a. This instruction is based on the need for a joint concepts-centric capabilities identification process that will allow joint forces to meet the full range of military challenges of the future. Meeting these challenges involves a transition that requires the ability to project and sustain joint forces and to conduct flexible, distributed and highly networked operations. To achieve



Department of Defense
DIRECTIVE

May 13, 1999

SUBJECT: The Defense Acquisition System

References

1. PURPOSE

This Directive:

1.1. Reissues reference (a) and authorizes [illegible] use of reference (b).

1.2. Along with reference (b), provides management principles and mandatory policies and procedures for managing all acquisition programs.

2. APPLICABILITY AND SCOPE

2.1. This Directive applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter collectively referred to as "the DoD Components").

2.2. The policies in this Directive apply to all acquisition programs.

BUMED EMDEC HWW

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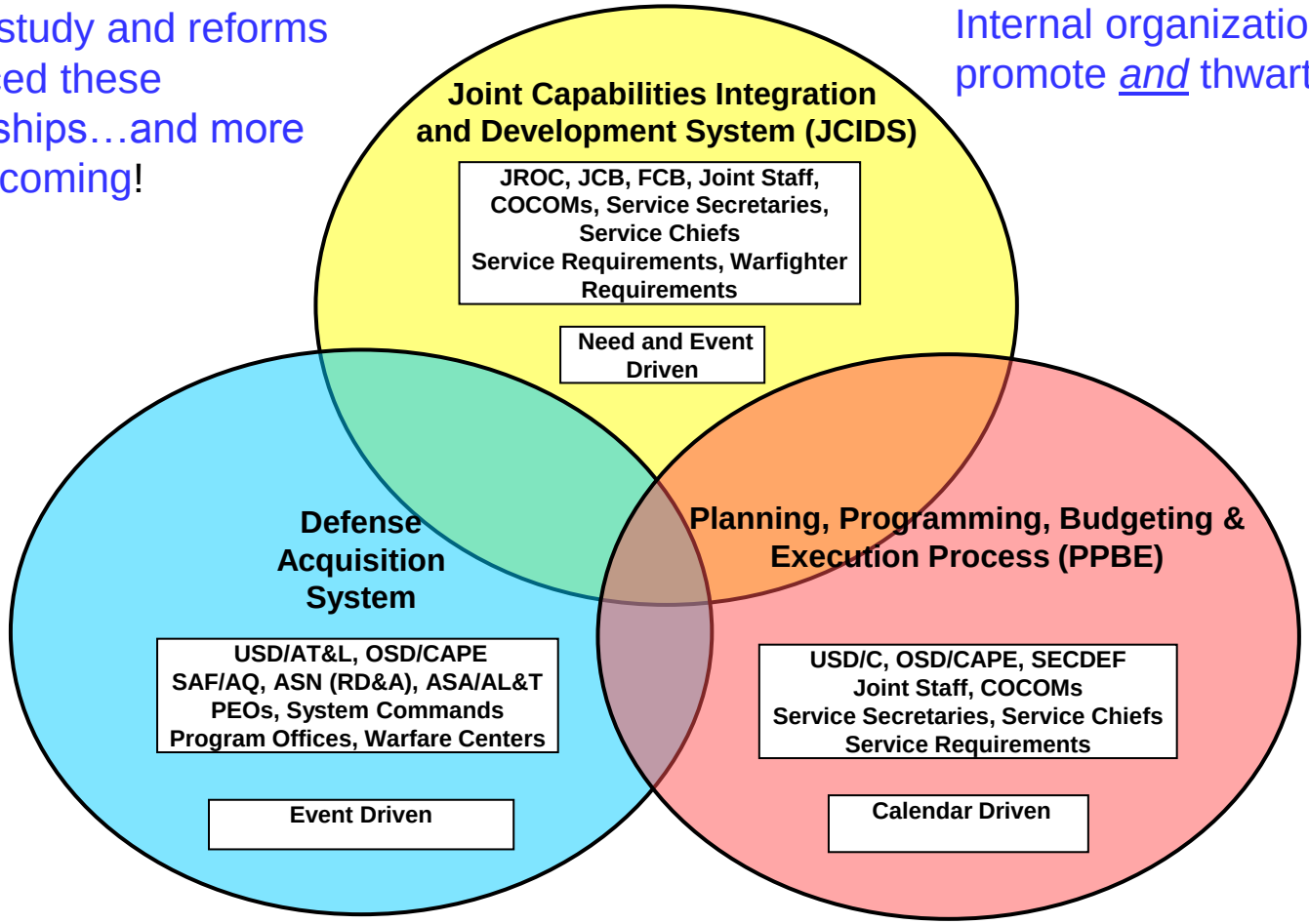
DOD Process Overview

Decades of study and reforms have produced these interrelationships…and more reforms are coming!

Internal organizational dynamics promote *and* thwart harmonization



The Executive and Legislative Branches largely ignore which process? Why?

A Note About the Term “Requirements”

- A DOD “requirement” results in a bill that must be paid
- Some bills are routine and recurring, like what we mean when we say “the cost of keeping the lights on”
  - DOD generally classifies these as operations and maintenance (O&M) expenses, and they consume significant budget appropriations
- Other requirements with bills to be paid are science & technology development or, more precisely, research, development, test and evaluation (RDT&E)
- The final grouping of requirements, and the focus of this presentation, are warfighting requirements satisfied by a non-materiel or materiel solution
  - Services contracts (i.e., IT support) are typically non-materiel
  - DOD procurements or acquisitions are predominantly materiel solutions

Why JCIDS?

- The Goal of JCIDS is to:
  - Provide the Joint Force with the capabilities needed to perform across the full range of military operations and challenges
    - Put “the right tools in the toolbox” for the COCOMs
  - Support the JROC in its Title 10 responsibilities
    - Conduct cost, schedule, performance trades
    - Prioritize joint military requirements in shaping the force
- JCIDS is supported by:
  - Integrated, collaborative review process across the entire DOD
  - Expertise from integrating with other Gov’t agencies (DoS, DHS)
  - Joint Concepts

JCIDS, along with the Defense Acquisition System and the Planning, Programming, Budgeting and Execution processes, forms the principal DOD decision support processes for developing capabilities required by the military forces to support the national military strategy and the defense strategy

Why JCIDS for Navy Medicine?

- Navy Medicine non-materiel and materiel capability requirements have historically been satisfied through a variety of acquisition-centric processes and have bypassed the traditional JCIDS process
  - This has been particularly true during war and contingency operations, when non-standard processes for rapid acquisition and fielding of needed medical capabilities was warranted
- Your community has completed a Capabilities-Based Assessment and an Initial Capabilities Document that yielded significant insights on required capabilities for expeditionary health services, gaps in those required capabilities, and a plan for mitigating those gaps
  - The standard JCIDS process used for your CBA/ICD will continue to provide guidance as you pursue non-materiel and materiel solutions

OPNAV Organization Advocating for Navy Medicine

Chief of Naval Operations
Admiral Jon Greenert

Vice Chief of Naval Operations
ADM Mark Ferguson

Chief of Navy Reserve (095)
VADM Braun

Director Navy Staff
VADM Swift

Surgeon General (093)
VADM Nathan

Chief of Chaplains (097)
RADM Tidd

Director Navy Test & Eval and Technology Requirements (N091)
RADM Klunder

N1
DCNO
Manpower, Personnel, Training and Education
VADM Moran

N2/N6
DCNO
Information Dominance
VADM Branch

N3/N5
DCNO
Information, Plans & Strategy
VADM Howard

N4
DCNO
Fleet Readiness, Logistics, Installations
VADM Cullom

Commander Operational Test & Evaluation Force (COTF)
RDML Penfield

N8
DCNO
Integration of Capabilities and Resources
VADM Myers

N9
DCNO
Requirements
VADM Aucoin

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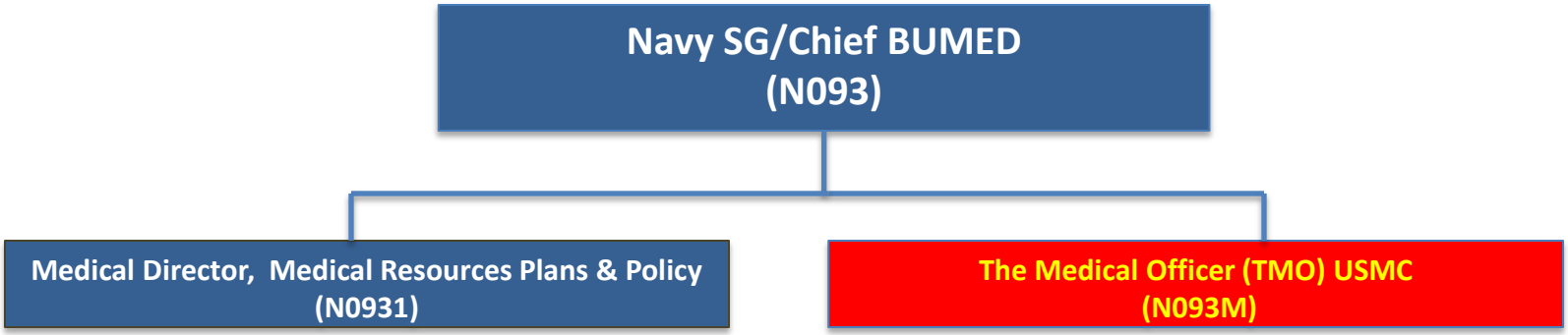
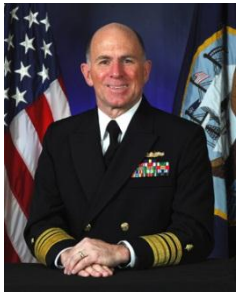
Navy Surgeon General Mission



- **Principal advisor to the CNO** on policy development, guidance, and professional advice on health service for **Department of the Navy**
- Provides oversight on all systems for providing health services to all beneficiaries in **wartime and peacetime**
- **Acquires fiscal resources to provide health services**
- Serves as **Chief, Bureau of Medicine and Surgery** -- Echelon Command

References: BUMEDINST 5450.165B;; OPNAVINST 5430.48E; OPNAVINST 5450.215D

BUMED Organization



VADM Matthew L. Nathan
Surgeon General

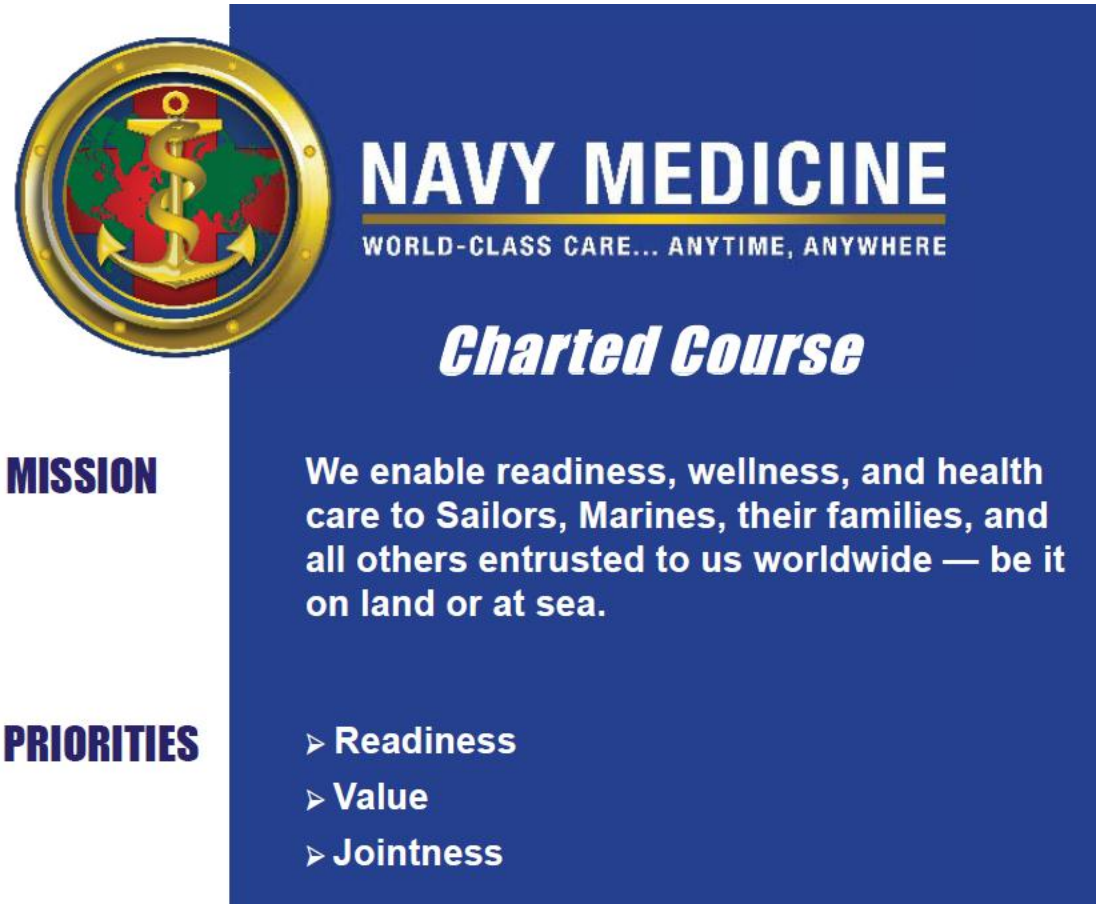
M00 – Chief, BUMED
M09 – Deputy Chief, BUMED

M09B – Chief of Staff (COS)
M09BB – Assistant Chief of Staff (ACOS)

M/1 Total Force	M/2 R&D	M3 Current Medical Operations	M4 Installations and Logistics	M5 Strategy and Innovations	M6 Information Management and Technology	M7 Education and Training	M8 Resource Management/ Comptroller	M9 Wounded, Ill and Injured

Note: Per SECNAVINST 7000.27A, Comptroller (M8) reports directly to Chief, BUMED for financial matters and reports to Chief of Staff for administrative purposes

Strategic Reference for Required Capabilities



GOAL: READINESS

Goal: Readiness

Readiness - We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations within maritime and other domains in support of the national defense strategy.

Objectives:

- Deliver ready capabilities to the operational commander
- Deliver relevant capability and capacity for theater security engagement operations

Talking points:

- Navy Medicine is in the readiness business; we are agile, forward-leaning, and ready to deploy in support of the warfighter.
- Navy Medicine is dedicated to providing the right training, equipment, and resources to effectively meet our operational commitments.
- Navy Medicine will facilitate a reliable state of Force Readiness by leveraging technology and increasing responsiveness to the needs of our patients and stakeholders.

Relevant Guidance

- CJCSI 5123.01F, dated 10 January 2012
  - Describes how the JROC is constituted and operates
- CJCSI 6212.01F, dated 21 March 2012
  - Describes how to develop a Net Ready Key Performance Parameter
- JCIDS Manual, GO/FO staffing version dated 16 December 2013
  - Provides new guidance on developing or completing:
    - Capabilities-Based Assessments
    - DCRs, ICDs, CDDs and CPDs
    - Key Performance Parameters (KPP)
    - Staffing Processes for JCIDS documents as well as Urgent and Emergent Needs Statements
    - Prioritization

Available at: ***http://www.dtic.mil/cjcs_directives***

Definitions of Old and New Terms

Capability: the ability to execute a specified course of action

Capability Gap: the inability to execute a specified course of action

Capability Requirement (or Requirement): a capability required to meet an organization's roles, functions and missions in current and future operations; described in relation to tasks, standards and conditions IAW Joint and Component Task Lists

Core Mission Area: DOD core mission areas per the QDR: Homeland Defense and Civil Support; Deterrence Ops; Major Combat Ops; Irregular Warfare; Mil Support to Stabilization, Security, Transition and Reconstruction Ops; Military Contribution to Cooperative Security

Joint Emergent Operational Need (JEON): UONs that are identified by a COCOM as inherently joint and impacting an anticipated or pending contingency operation

Joint Urgent Operational Need (JUON): UONs that are identified by a COCOM as inherently joint and impacting an ongoing contingency operation

Joint Capability Areas (JCA)

- JCAs are an integral part of the evolving Capabilities-Based Planning process…the beginnings of a common language to discuss and describe capabilities across many related Department activities and processes.
- JCAs are collections of like DOD activities functionally grouped to support capability analysis, strategy development, investment decision making, capability portfolio management, and capabilities-based force development and operational planning.

www.dtic.mil/futurejointwarfare

Current Tier 1 JCAs

Force Application	The ability to integrate the use of maneuver and engagement in all environments to create the effects necessary to achieve mission objectives.
Command & Control	The ability to exercise authority and direction by a properly designated commander or decision maker over assigned and attached forces and resources in the accomplishment of the mission.
Battlespace Awareness	The ability to understand dispositions and intentions as well as the characteristics and conditions of the operational environment that bear on national and military decision-making.
Net-Centric	The ability to provide a framework for full human and technical connectivity and interoperability that allows all DOD users and mission partners to share the information they need, when they need it, in a form they can understand and act on with confidence, and protects information from those who should not have it.
Building Partnerships	The ability to develop and present information and conduct activities to affect the perceptions, will, behavior, and capabilities of partner, competitor or adversary leaders, military forces, or relevant populations.
Protection	The ability to prevent/mitigate adverse effects of attacks on personnel (combatant/non-combatant) and physical assets of the United States, allies and friends.
Logistics	The ability to project & sustain a logistically ready joint force through the deliberate sharing of National and multi-national resources to effectively support operations, extend operational reach and provide the joint force commander the freedom of action necessary to meet mission objectives.
Force Support	The ability to establish, develop, maintain and manage a mission ready Total Force, and provide, operate, and maintain capable installation assets across the total force to ensure needed capabilities are available to enable the National Defense Strategy.
Corporate Management & Support	The ability to provide strategic senior level, enterprise-wide leadership, direction, coordination, and oversight.

JCAs for Navy Medicine Capability Requirements

Tier 1: 1. Force Support

Tier 2: 1.4 Health Readiness

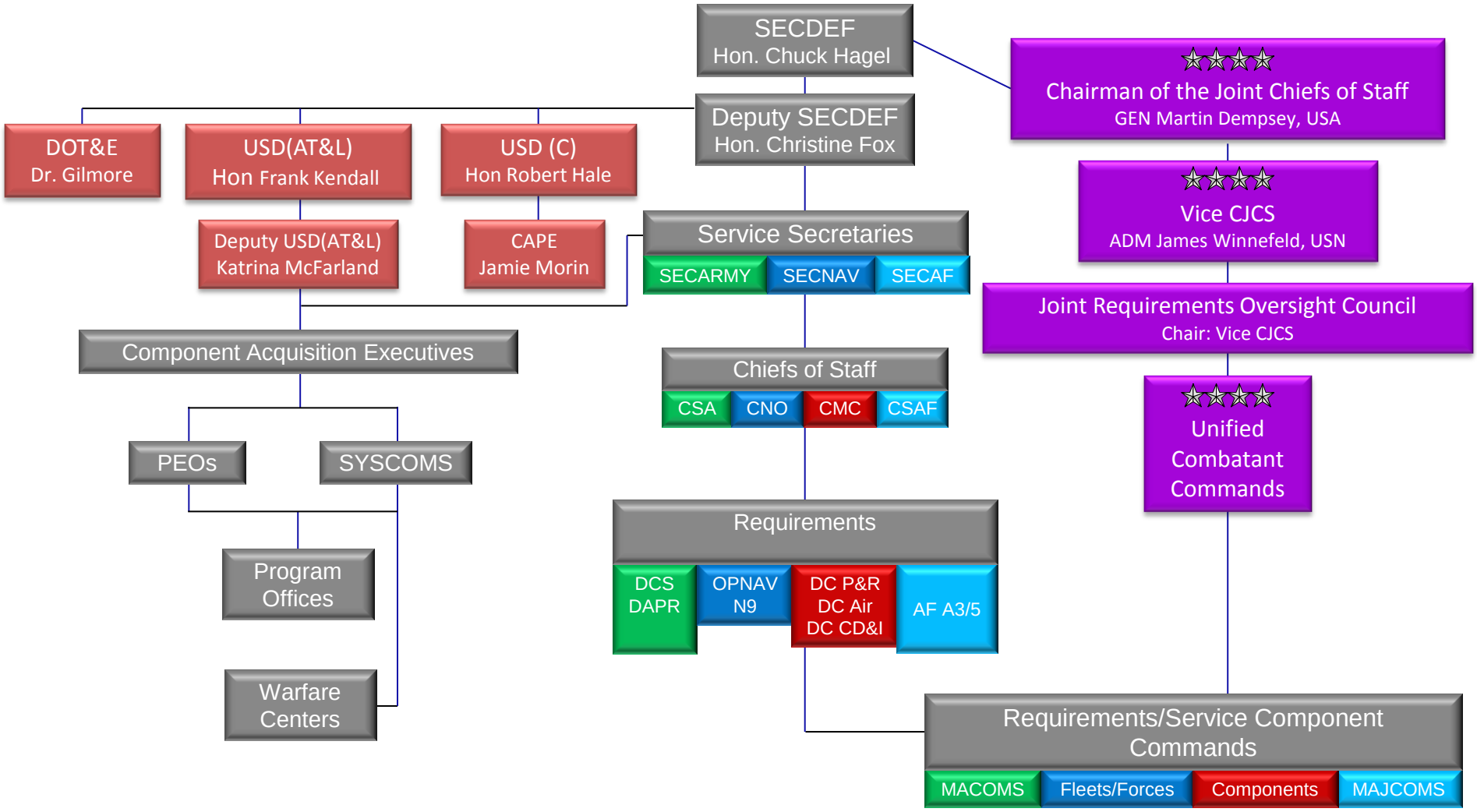
Tier 3:

1.4.1 Force Health Protection

1.4.2 Health Service Delivery

1.4.3 Health System Support

Provisioning the "Tool Box" with Capabilities



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SECDEF's Six Priorities Announced 5 Nov 2013

- In a keynote address to the Center for Strategic & International Studies' Global Security Forum, SECDEF Hagel outlined six priorities in an era of dwindling budgets:

1. **Continue the focus on internal DOD institutional reform**
   - 20% reduction in headquarters budgets
   - Make organizations "flatter" and more responsive to warfighter needs
2. **Re-evaluate the military's force planning construct**
   - The assumptions and scenarios that guide how the military should organize, train and equip
3. **Prepare for a prolonged military readiness challenge**
   - Accept the reality that not every unit will be at maximum readiness

SECDEF's Six Priorities Announced 5 Nov 2013

4. **Protect investments in emerging military capabilities**
   - Especially space, cyber, special operations forces, and ISR
5. **Achieve a balance**
   - Between capability and capacity
   - Between active and reserve forces
   - Between forward-stationed and home-based forces
   - Between conventional and unconventional warfighting capabilities
6. **Reform personnel and compensation policy**
   - "Without serious attempts to achieve significant savings in this area – which consumes roughly half of the DOD budget and is increasing – we risk becoming an unbalanced force"

2014 QDR

- SECDEF Hagel is using the outputs from the Strategic Choices and Management Review to guide the QDR
- All four Military Services have identified two-stars to manage their contributions to the effort
  - Public commentary has been muted by the climate of fiscal uncertainty that clouds analysis
- The Pentagon has announced that the QDR will be delivered to Congress along with the President's FY15 budget on 4 March
- This QDR will likely re-examine the strategies and policies governing DOD operations and, through the prism of future declining budgets, re-shape the roles and missions that DOD can afford

NEHSS Overview (OV-1)

Organize NEHSS forces

Plan NEHSS Operations

Direct NEHSS Operations

Medical Command & Control

Casualty Management

Patient Movement

First Responder Enroute Care…….Forward Resuscitative Health Care…..Theater Hospitalization Enroute Care

Continuum

Health Engagement Ops

Expeditionary Medical Unit & Adaptive Force Package

Afloat Trauma Care Capability

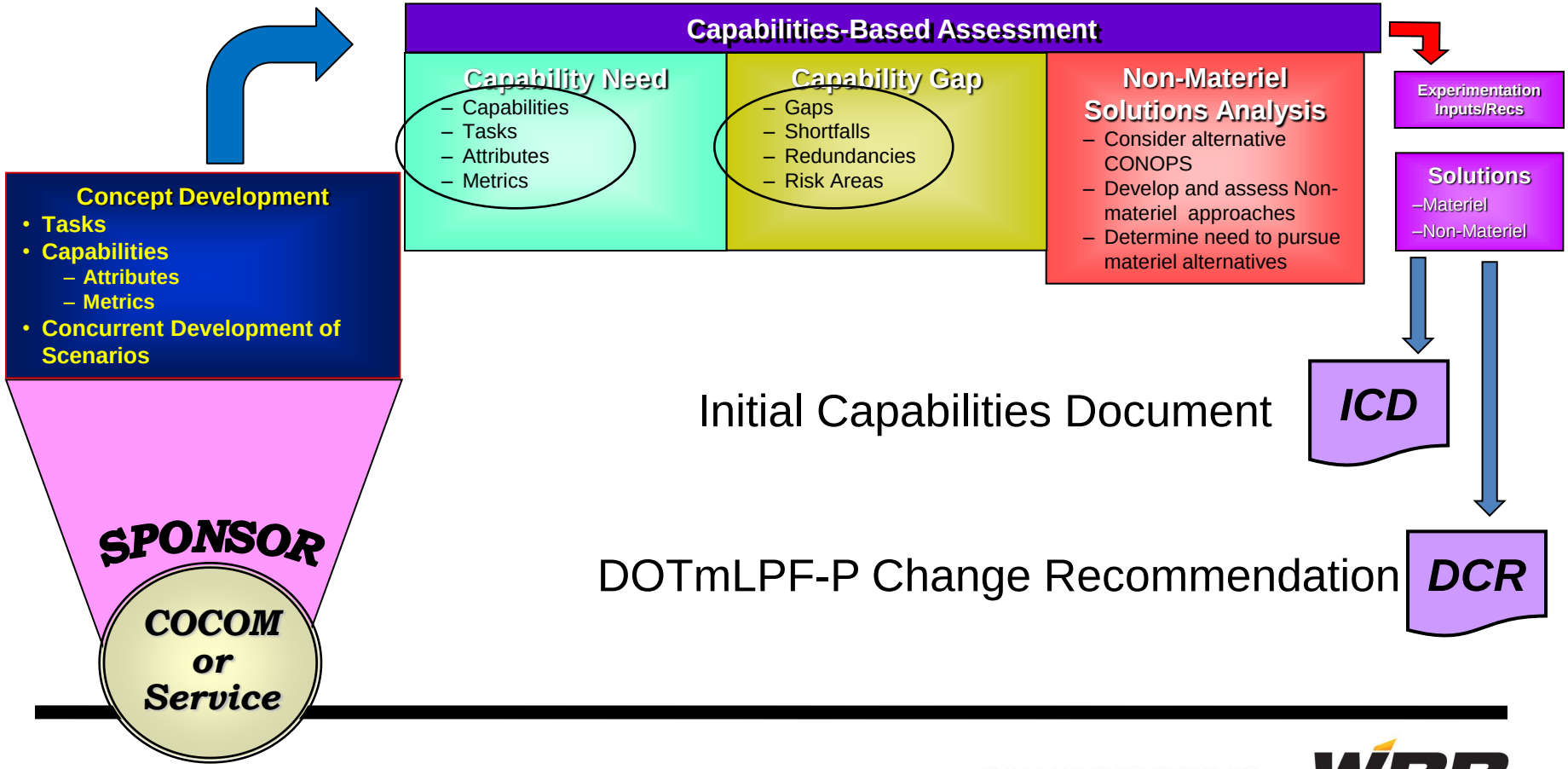
Sea Base Enabled Distributed Ops

Medical Logistics

Health Surveillance, Intelligence, and Preventive Medicine

Human Performance

Capabilities-Based Assessment Process



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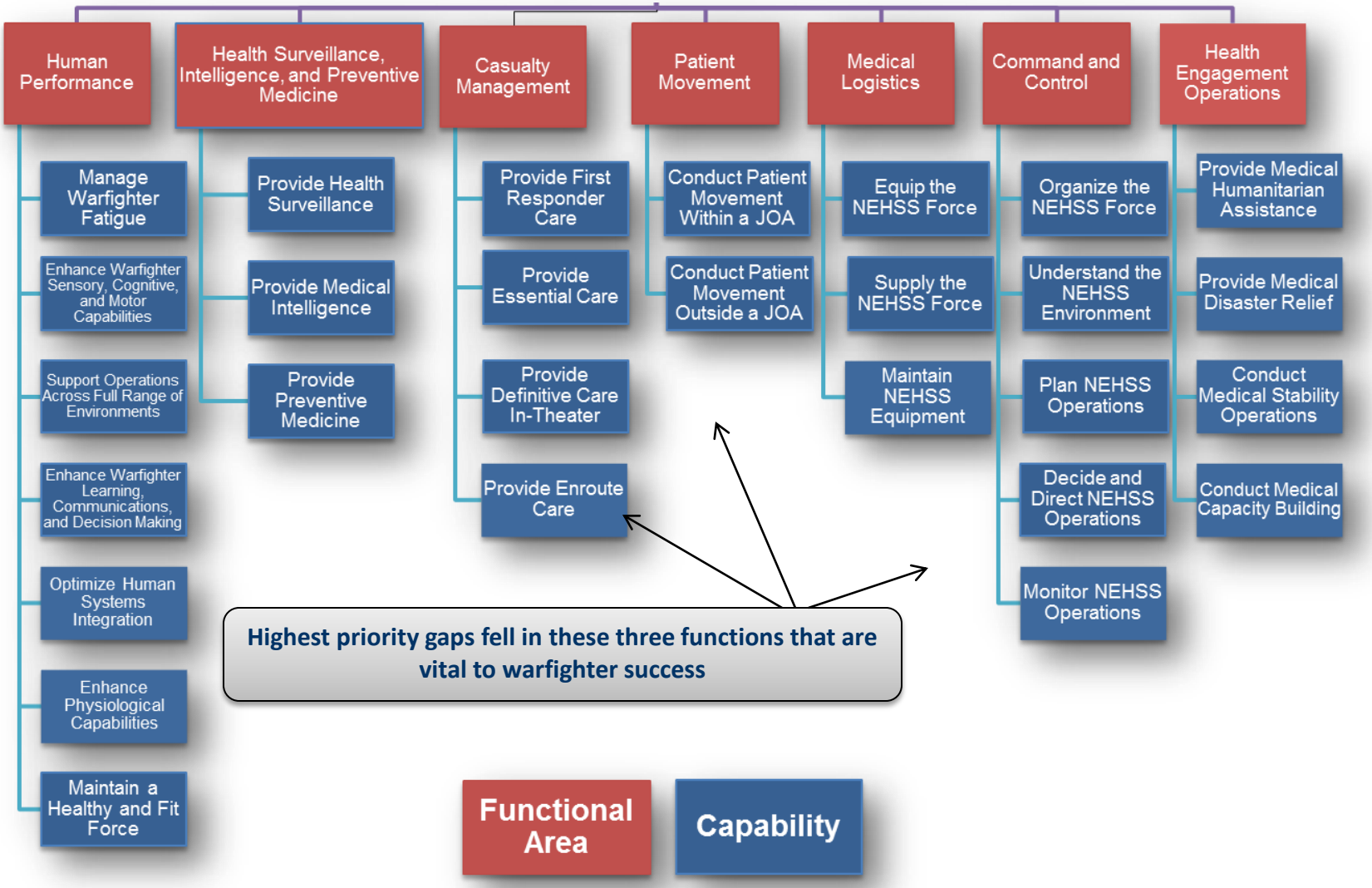
NEHSS CBA Capability Hierarchy



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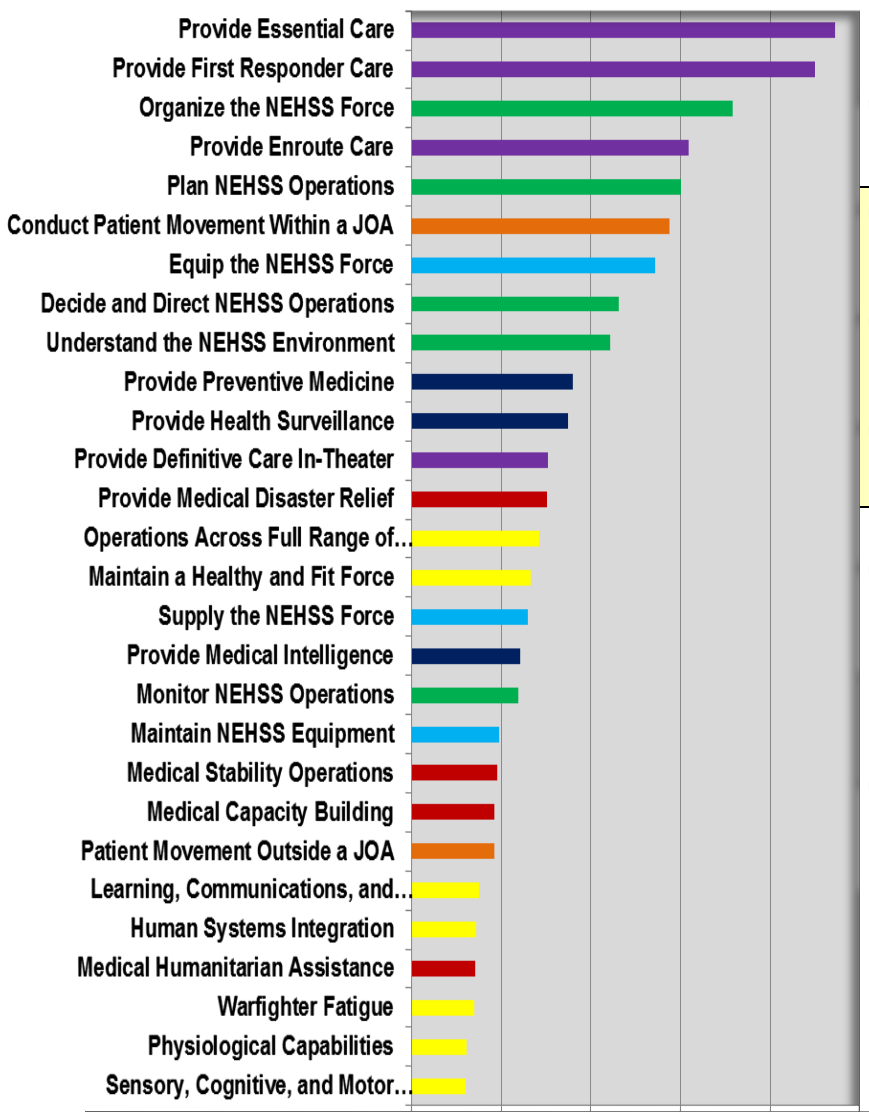
Prioritized NEHSS CBA Capabilities



Legend

- Casualty Management
- Command and Control
- Patient Movement
- Surveillance, Intelligence, Preventive Med
- Medical Logistics
- Health Engagement
- Human Performance

Top 3 Functional Areas:

- **Casualty Management**
- **Command & Control**
- **Patient Movement**

72 Total Gaps

Identifies Navy/Marine Corps gaps across the Range Of Military Operations (ROMO)

Intersects Adaptive Force Packaging (AFP) resources (manning, equipping, and training) with theater hospitalization requirements

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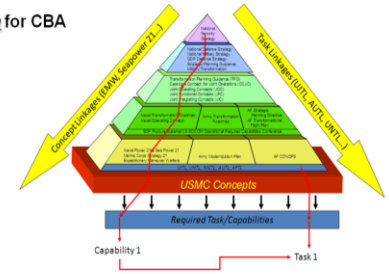
NEHSS CBA Derived and Evaluated Gaps

- Develop a top-down taxonomy of Strategy-to-Task links to concepts
- Extract tasks/capabilities linked to Joint & service task lists from Concepts
- Identify conditions & standards
- Results forms the ***foundation*** for CBA

"The capabilities and their attributes should be traceable to the Family of Joint Future Concepts and any other supporting information used to develop the capabilities."



Output: Tasks, Standards & Conditions for Gap and Risk Identification

- **Perform Strategy to Task Analysis**
- **Align Tasks with JCA and Assign Attributes**
- **Assign Measures and Metrics to Attributes/Tasks**
- **Evaluate Current Capability vs. Minimum Value**
- **Validate a Gap Exists**
- **Evaluate Severity/Risk**

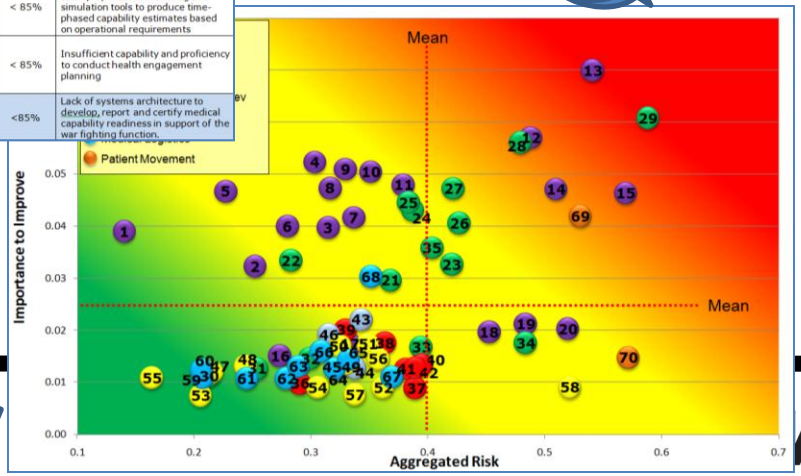
Gap No	Function	Capability	Attribute: Unit of Measure	Min Value	Current Capability	Gap Statement
21	Command and Control	Understand the NEHSS Environment	Interoperable: Percentage of time elements of systems provide services to and accept services from internal/external systems, units or forces	> 75%	< 50%	Insufficient capability and proficiency to coordinate EHSS operations with internal and external audiences (other U.S. government agencies, NGOs and international partners)
22	Command and Control	Plan NEHSS Operations	Networked: Percentage of time information/situation is understood by Joint Logistics agencies	> 99%	< 85%	Lack of proficiency to coordinate medical logistics planning with DLA to facilitate standardization/synchronization with Joint efforts [(Medical Contingency Requirements Workflow (MCRW) and Joint Products of Choice (JPOC)]
23	Command and Control	Plan NEHSS Operations	Agile: Percentage of plans and execution orders are adaptable to changes in mission	> 99%	< 90%	Insufficient capability and proficiency to conduct medical deployment and sustainment planning
24	Command and Control	Plan NEHSS Operations	Comprehensive: Percentage of domains included	> 95%	< 85%	Insufficient capability and proficiency to integrate EHSS planning into the operational planning tools, processes and systems
25	Command and Control	Plan NEHSS Operations	Agile: Percentage of time missions changes are supported with existing resources	> 95%	< 85%	Insufficient capability and proficiency to employ medical modeling and simulation tools to produce time-phased capability estimates based on operational requirements
26	Command and Control	Plan NEHSS Operations	Accurate: Percentage of time elements of systems provide services to and accept services from other DoD systems, units or forces	> 99%	< 85%	Insufficient capability and proficiency to conduct health engagement planning
27	Command and Control	Organize the NEHSS Force	Networked: Percentage of time systems and processes link and synchronize capabilities	> 99%	<85%	Lack of systems architecture to develop, report and certify medical capability readiness in support of the war fighting function.

160 gaps proposed

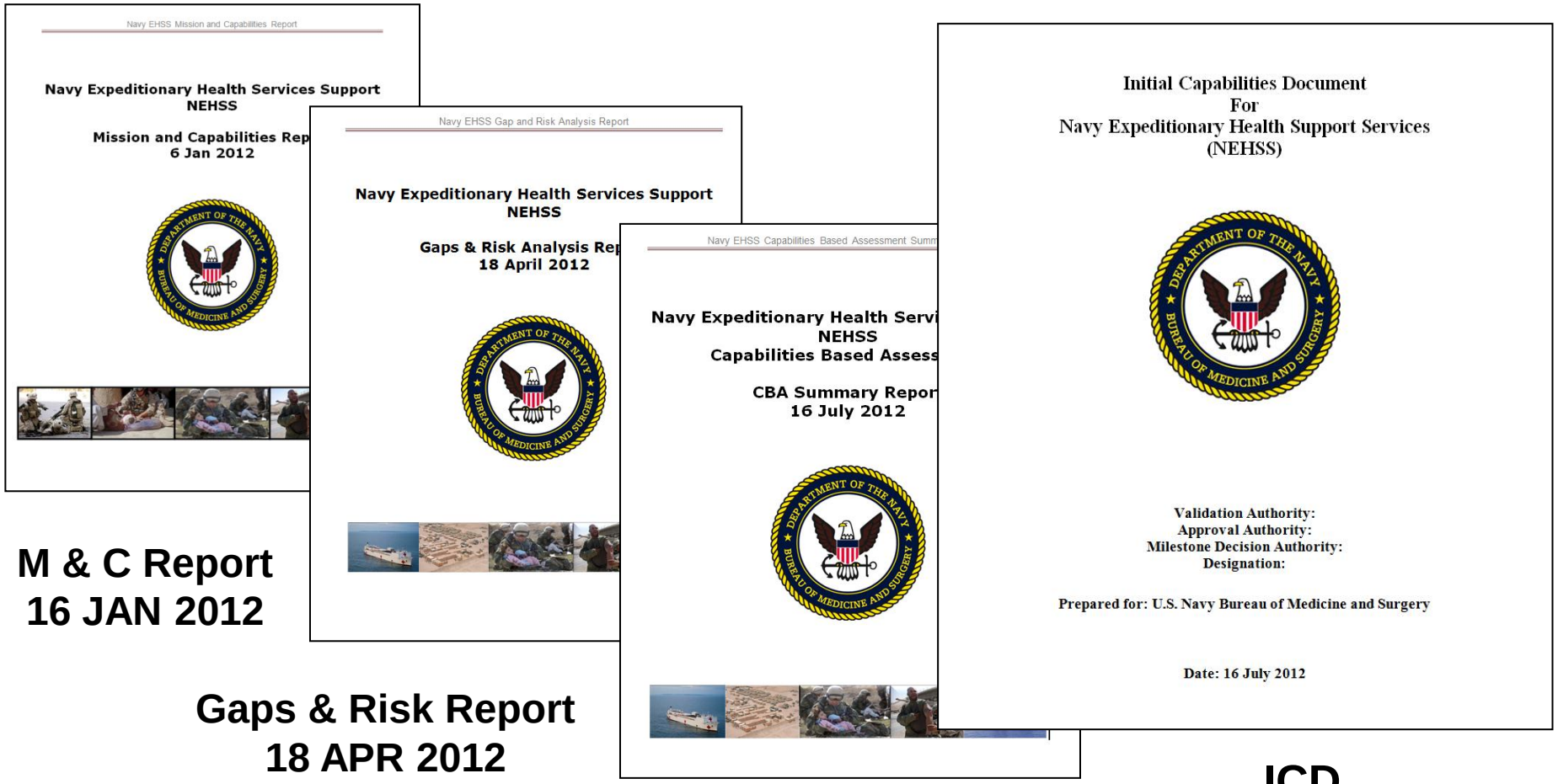
113 gaps assessed

72 gaps approved

Gap Sources:
JFHP CONOPS
USMC CBA
NOMILLC Database
UJTL/NTTL/MCTL
Published articles
NEHSS site visits & SME Interviews



NEHSS ICD Development



M & C Report
16 JAN 2012

Gaps & Risk Report
18 APR 2012

CBA Summary Report
16 JUL 2012

ICD
20 DEC 2012

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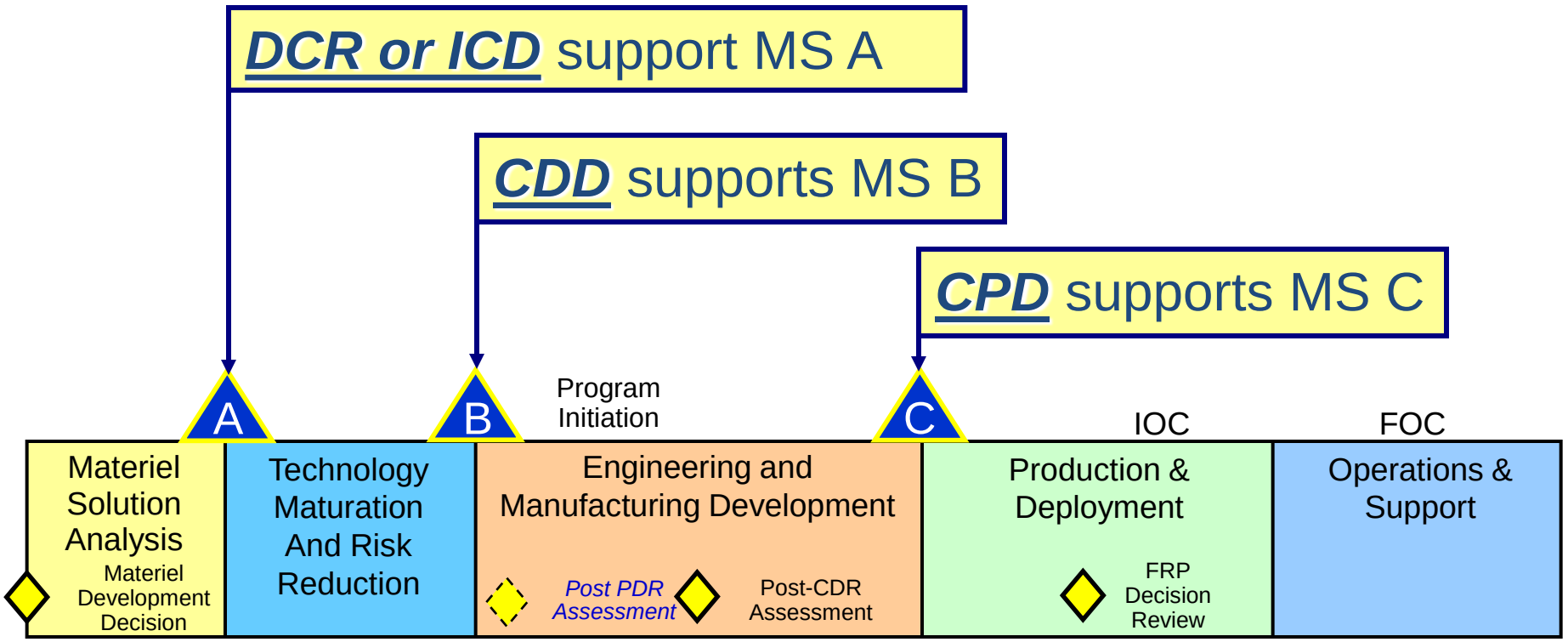
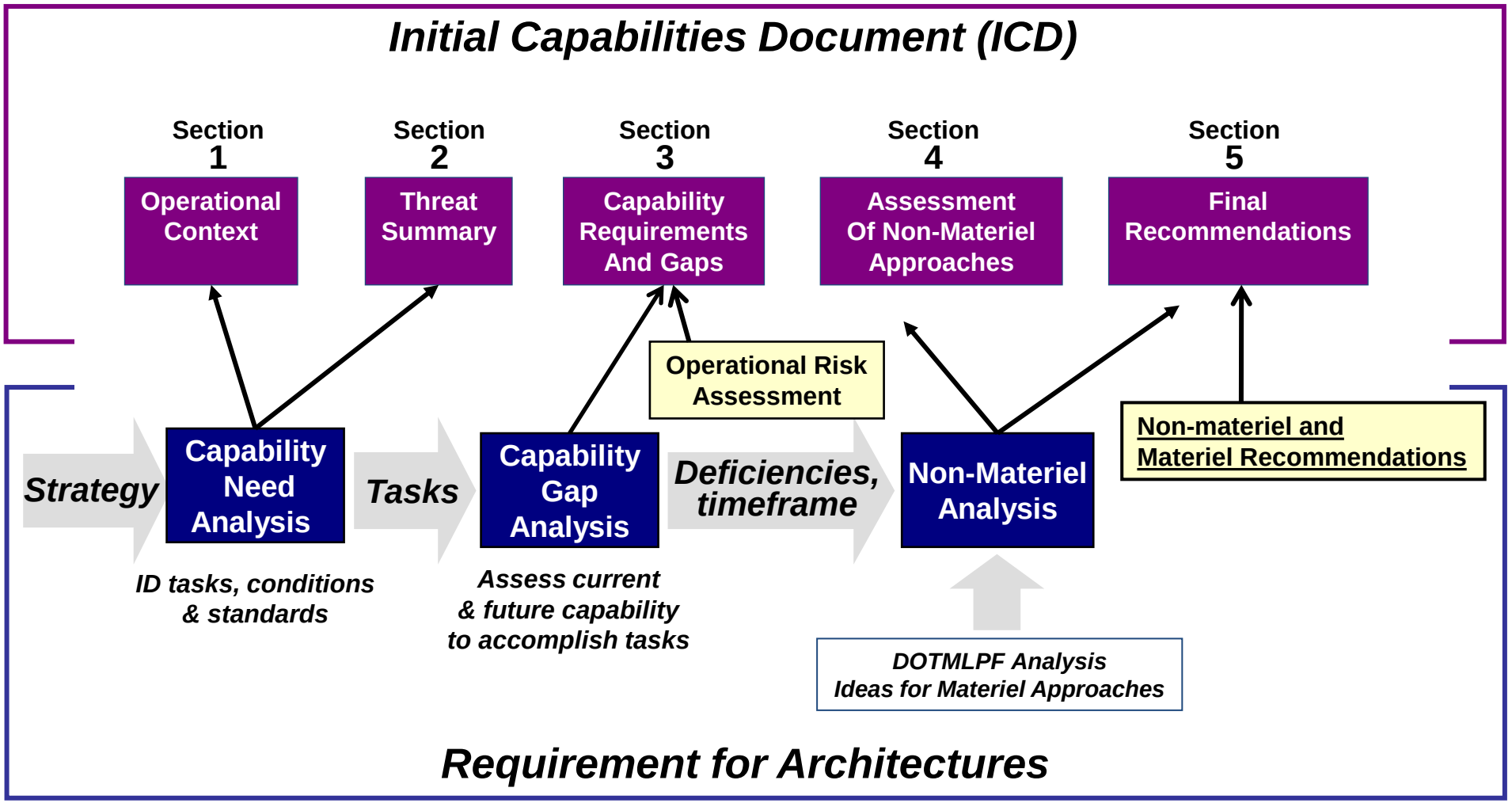
Capabilities to Acquisition Link



ICD Format



Joint Staff limits the length to 10 pages

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Capability Development Document (CDD)

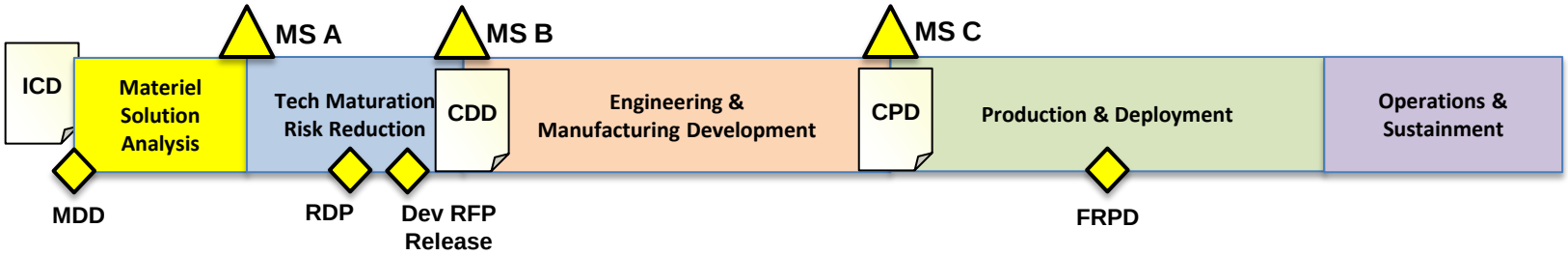
- Cornerstone document for majority of required milestone documentation
  - Defines authoritative, measurable and testable performance attributes
  - Separate CDD is required for each increment of capability delivered
    - First increment CDD must include strategy for achieving full capability
- Provides system performance attributes
  - Specifies performance thresholds and objectives, linked through the ICD's capabilities and aligned with the JCAs
  - Designates Key Performance Parameters (KPPs) - required or directed by the JROC and desired by the Sponsor
    - Required: Net-Ready, System Survivability, Force Protection, Energy and Sustainment
- Joint Staff page limitation: 45 pages for Sections 1-12

1) Operational Context
2) Threat Summary
3) Capability Discussion
4) Program Summary
5) Development KPPs, KSAs, and APAs
6) Other System Attributes
7) Spectrum Requirements
8) Intelligence Supportability
9) Weapon Safety Assurance
10) Technology Readiness Assessment
11) DOTmLPF-P Considerations
12) Program Affordability
Appendices
- **Appendix A: References**
- **Appendix B: Acronym List**
- **Appendix C: Glossary**

ID thresholds and objectives, MOEs/MOPs → MS B

Followed by CPD (similar format) to support later production milestone(s)

Acquisition Process



A structured process:

With phases reflecting a maturing system

That provides opportunities for careful review at Milestone events

That is linked to the Capabilities Development process (e.g., ICD, CDD, CPD)

MS – Milestone	CDD – Capability Development Document
ICD – Initial Capabilities Document	CPD – Capability Production Document
MDD – Materiel Development Decision	O&S – Operations and Support
RDP – Requirements Decision Point	FRPD – Full Rate Production Decision
DR – Decision Review	

Acquisition Categories

FY14 constant dollars	R&D	Procurement	MDA	Examples
ACAT I (Major Defense Acq Program {MDAP})	> $480M	> $2.79B	ID - USD (AT&L)	WIN-T, FCS, JCA, Apache Block III,CVN 21, KCX, EA-18G, EFV, F-22
			IC – SAE	FBCB2, CH-47F C-130J, AMRAAM, DDG-51, F/A-18E/F, Seawolf, C-17
ACAT II (Major System)	> $185M	> $836M	SAE	Lightweight 155 Howitzer, FAAD C2, ADDS, RAM, ESSM, AV-8B OSCAR
ACAT III	<ACAT II Threshold Directly Affects Combat Capability		PEO	REMBASS II, SINCGARS, SICPS, KC-135 Block 45, SHF terminals, SPQ-9B, SH-60B armed helo
Below ACAT III [1,2]	All Other Programs		PEO	TAMPS, TCAS, HSFB, CCS MkII, NAVMACS

[1] DODI 5000.02 does not address ACAT below III; service documents do

[2] ACAT IVT requires OT&E, IVM does not (Navy designation)

Determination of ACAT level:

1. **$$ threshold including all planned increments**
2. **Special interest: technological complexity; Congressional interest; joint program**

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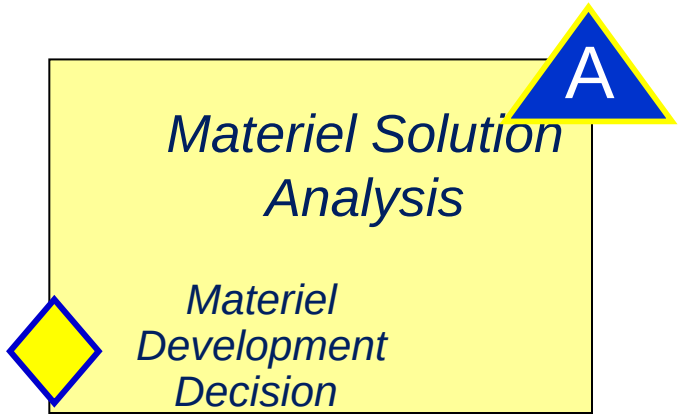
Materiel Solution Analysis

Purpose: Assess potential materiel solutions



Enter: Approved ICD and study guidance for conducting Analysis of Alternatives

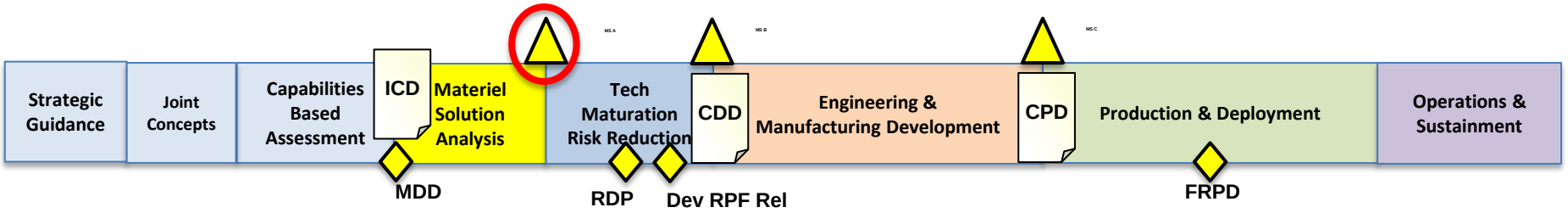
Activities: Conduct AoA, & develop Technology Development Strategy (TDS) & draft CDD

Guided by: ICD and AoA Plan

Exit: Materiel solution to the capability need in the ICD recommended by Lead Component conducting AoA, and phase-specific exit criteria have been satisfied

The MDA's decision to begin Materiel Solution Analysis DOES NOT mean a new acquisition program has been initiated

Milestone A



MDA approves:

- Materiel solution
- Technology Development Strategy (TDS)
- Exit criteria for next phase
- Milestone A Certification (10 USC 2366a)
- Acquisition Decision Memorandum (ADM)

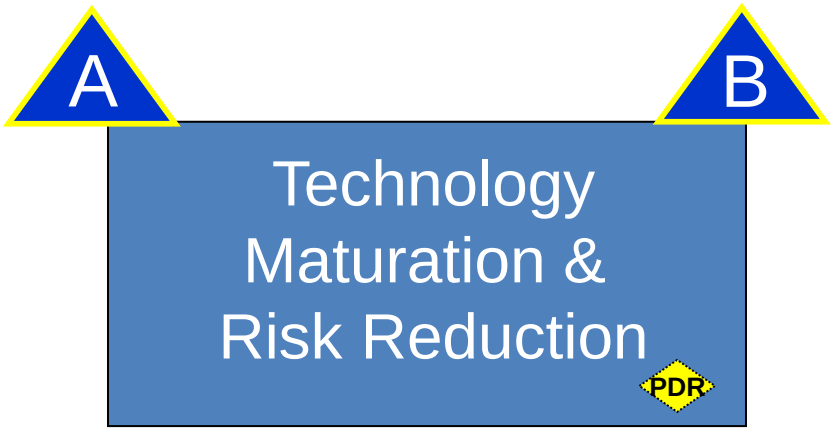
Technology Maturation & Risk Reduction

Purpose: Reduce technology risk, demonstrate critical technology on prototypes, complete preliminary design

Enter: MDA approved materiel solution and TDS; full funding in FYDP; Component Cost Position for MS reviews; ICE required for ACAT 1/1A

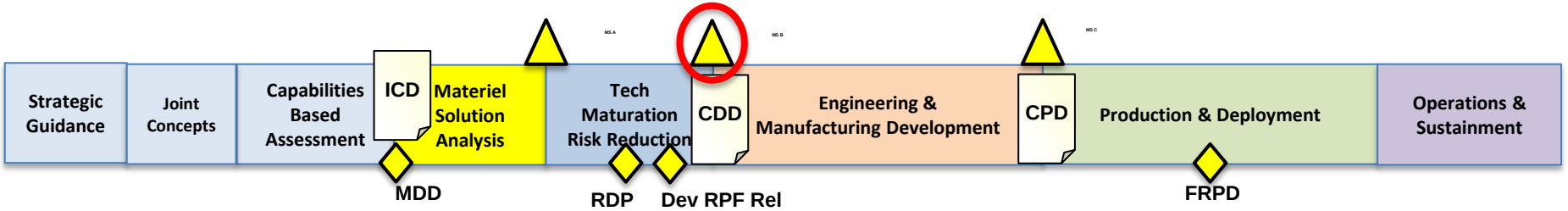
Activities: Competitive prototyping; develop RAM strategy; develop CDD & ISP; conduct Preliminary Design Review (PDR)

Guided by: ICD & TDS and supported by Sys Engineering planning



Exit: Affordable increment of military-useful capability identified; technology demonstrated in relevant environment; manufacturing risks identified; PDR conducted for candidate solutions; system or increment ready for production within short time frame (normally less than 5 years for weapon systems)

Milestone B



MDA approves:

- Program Initiation (for most programs)
- Entry into EMD
- Acquisition Strategy
- Acquisition Program Baseline
- Low Rate Initial Production (LRIP) quantities
- Exit criteria for next phase
- Type of Contract
- Milestone B Certification (10 USC 2366b)
- ADM

Engineering & Manufacturing Development

Purpose: Develop a system or increment of capability, develop an affordable manufacturing process, *minimize logistics footprint*

Enter: Mature Technology; Approved Requirements; Full Funding in FYDP

Activities: Define System of System Functionality & Interfaces, Complete Detailed Design, System-Level PDR (as needed)/CDR, Establish Product Baseline,

Guided by: CDD, Acq Strategy, SEP & TEMP

Exit: Complete System-Level CDR and Post-CDR Assessments by MDA

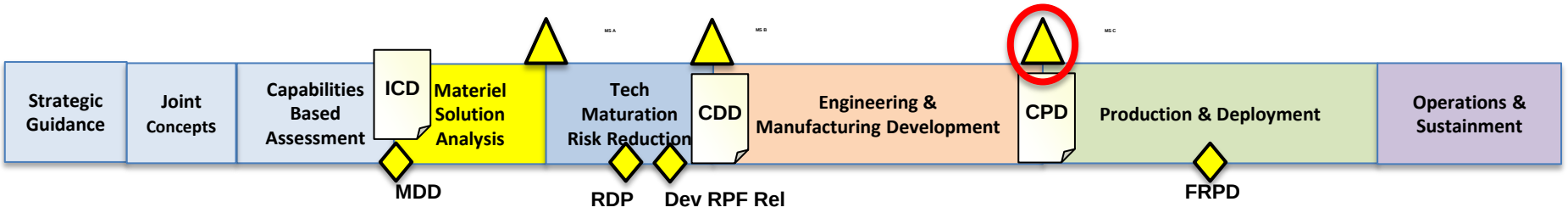
Enter: Post-CDR Assessment and Establishment of initial Product Baseline

Activities: Developmental Testing (DT) Assesses Progress Against Technical Parameters, and Operational Assessments (OA) Against CDD

Guided by: CDD, Acq Strategy, *SEP & TEMP*

Exit: System Demonstrated in Intended Environment using production-representative articles; Manufacturing Processes Demonstrated; Meets Exit Criteria and MS C Entrance Requirements

Milestone C



MDA Approves:

- Updated Acquisition Strategy and Acquisition Program Baseline
- Entry into Low Rate Initial Production (LRIP) for systems that require an LRIP, into production or procurement for systems that do not require an LRIP, or into limited deployment for MAIS programs or software intensive systems with no production components
- Exit criteria for LRIP if appropriate
- Acquisition Decision Memorandum

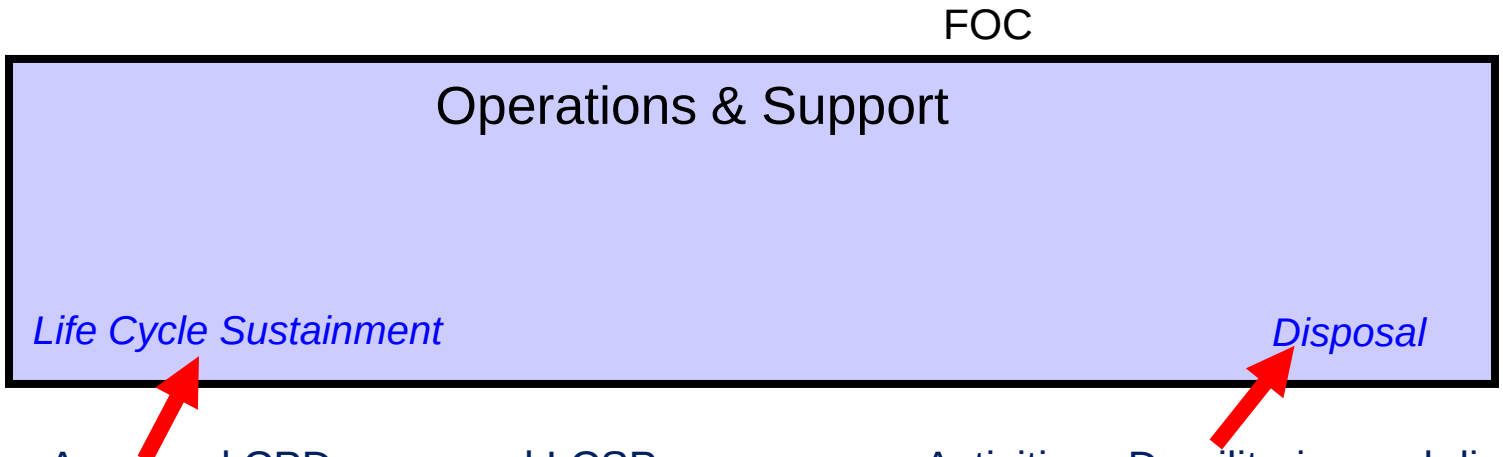
Production & Deployment

- Enter: Acceptable performance in DT & OA; mature software; no significant manufacturing risks; approved CPD; refined integrated architecture; acceptable interoperability and operational supportability; demonstration of affordability; fully funded; phased for rapid deployment.
- Activities: IOT&E, LFT&E and interoperability testing of production-representative articles; IOC possible
- Guided by: CPD, TEMP
- Exit: System Operationally Effective, Suitable and Ready for Full-Rate Production

- Enter: Successful FRPDR
- Activities: Full-Rate Production; fielding and support of fielded systems; IOC/FOC
- Guided by: Acq Strategy & Life Cycle Sustainment Plan
- Exit: Full Operational Capability; deployment complete

Operations & Support

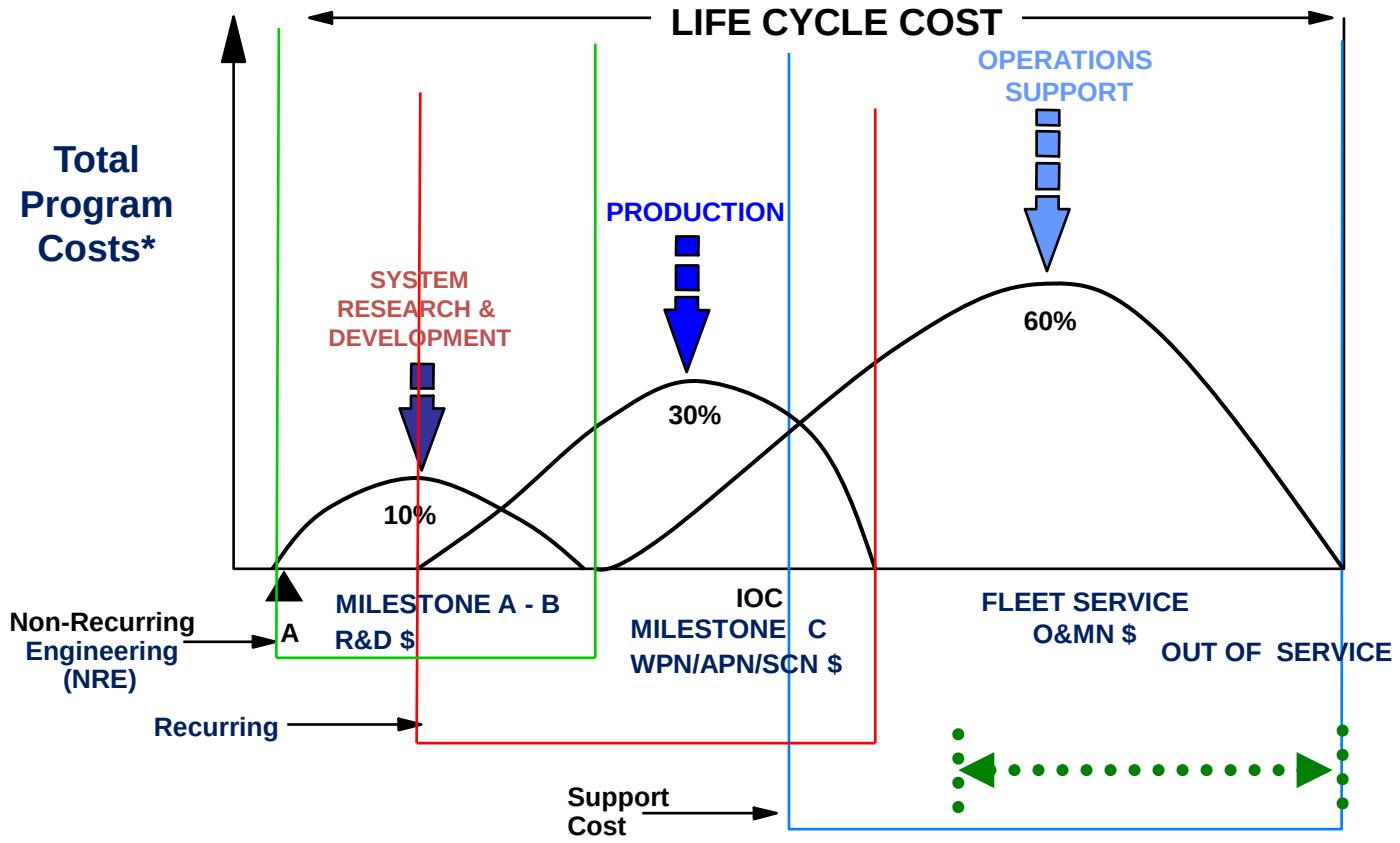
Purpose: Execute a support program that meets materiel readiness and operational support performance requirements, and sustains the system in the most cost-effective manner over its total life cycle.



- Entrance: Approved CPD; approved LCSP; successful FRP Decision
- Activities: Performance-Based Life-Cycle Product Support (PBL) planning, development, implementation, and management; initiate system modifications as necessary; continuing reviews of sustainment strategies
- Guided by: Acquisition Strategy/LCSP

- Activities: Demilitarize and dispose of systems IAW legal and regulatory requirements, particularly environmental considerations and explosives safety
- Guided by: Programmatic, environment, safety, and occupational health evaluation (PESHE)

Life Cycle Program Costs



* 15 major programs over 12 years

- **Life Cycle Costs = Total Ownership Cost**
  - Includes non-recurring, recurring and support ("cradle to grave")
  - Developed by services
- **Non-Recurring – R&D cost, paid one time**
- **Recurring – production cost, paid yearly**
- **Support – cost of doing business (O&M, logistics, repair, etc.)**

This part may not be applicable to IT related programs due to technology refresh rate

QUALITY COMES STANDARD

WBB

Naval Medical Logistics Command

- **Mission**: Design, execute, and administer individualized state-of-the-art solutions to meet customers' medical materiel and healthcare service needs
- Provide Medical Treatment Facilities and operational customers with medical logistics support:
  - Acquisition Management
  - Medical Equipment Logistics Solutions (MELS)
  - Operational Medical Logistics (OML)
  - Healthcare Services Strategies (HSS)
  - Medical Deployable Platforms
  - Eyewear
- Successfully manage Navy Medicine's authority to procure medical equipment, supplies and healthcare services in support of all Medical Treatment Facilities, Operational Forces, and Research and Development
- Possesses unlimited Procurement Authority for:
  - Medical Equipment & Supplies
  - Medical Personal Services
  - Medical Non-Personal Services
  - Research & Development supporting NMRC
  - Non-Personal Services, Supplies & Equipment supporting the DOD Drug Screening Program

Conclusions & Key Takeaways for Navy Medicine

- JCIDS and Acquisition are relevant to your successful pursuit of materiel and non-materiel solutions to expeditionary health services capability gaps
  - These are traditional processes fully integrated into the DOD PPBE process – it's how the DOD works!
- Forecast reductions in defense spending will increase competition among all enterprises supporting the Armed Forces
  - Military and civilian leaders will be faced with difficult risk assessments that will, in turn, force minor or major program changes
  - The credibility of your JCIDS and program analysis strengthens the likelihood of success in the competition for scarce resources
- The 2012 defense strategy realigned strategies, roles and missions with reduced available resources
  - Pressure to reduce defense spending will have near and far-term consequences in both materiel and non-materiel developments
- There will always be more warfighting capabilities required than dollars available, so the major elements of capabilities-based planning will continue to force prioritization and jointness